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# **Future of Florida's Families Committee**

**January 11, 2006  
10:45 AM – 11:45 AM  
12 House Office Building**



## **Florida House of Representatives**

### **Future of Florida's Families Committee**

**Bill Galvano**  
Chair

**Lucretia Shaw Collins**  
Staff Director

#### **AGENDA**

**January 11, 2006**  
**10:45 AM – 11:45 AM**  
**12 HOB**

Opening Remarks by Chair Galvano

Consideration of the following bill:

HB 351 – Community Residential Homes by Rep. Lopez-Cantera

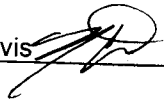
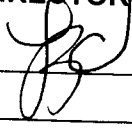
Discussion of Policy Options relating to Prevention of Child Abuse and Neglect

Closing Remarks by Chair Galvano



# HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** HB 351  
**SPONSOR(S):** Lopez-Cantera  
**TIED BILLS:** None.  
**Community Residential Homes**  
**IDEN./SIM. BILLS:** SB 1006

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Davis 	Collins 
2) Elder & Long-Term Care Committee			
3) Growth Management Committee			
4) Health & Families Council			
5) _____			

## SUMMARY ANALYSIS

House Bill 107 amends the statutory provision relative to Community Residential Homes with six or fewer residents. This change requires that, prior to occupancy, the sponsoring agency must provide the local government with the most recently published data compiled that identifies all community residential homes in the district in which the proposed site is to be located in order to show that no other community residential home is within a radius of 1,000 feet of the proposed home with six or fewer residents. Currently, Community Residential Homes with seven to fourteen residents must provide this information but not Community Residential Homes with six or fewer residents. The bill also requires that at the time of home occupancy, the sponsoring agency or the Department of Children and Families must notify the local government that the home is licensed by the department.

One potential constitutional concern is whether or not discrimination may be claimed by persons with developmental disabilities and other protected classes of persons. See CONSTITUTIONAL ISSUES section of the analysis for complete analysis of case law, the American with Disabilities Act (ADA), and the Fair Housing Act.

The bill does not appear to have a fiscal impact on state or local governments.

The effective date of this bill is July 1, 2006.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

- A. HOUSE PRINCIPLES ANALYSIS: This bill requires the sponsoring agency to provide the most recently compiled data to the local government for a community residential home with six or fewer residents. To the extent that the required provision of data by a sponsor of a community residential home to a local government potentially makes the siting of a home more difficult or limits availability of such homes, there could be an effect on choices and alternatives for residents of community residential homes.
- B. EFFECT OF PROPOSED CHANGES:

#### **Effect of Proposed Changes**

This bill amends existing law to add to the required local government notification provisions applicable to an agency sponsoring a community residential home of six or fewer residents.

The bill requires that, prior to occupancy, such sponsoring agency provide the local government with the most recently published data compiled that identifies all community residential homes in the district in which the proposed site is located to show that no other community residential home with six or fewer residents is within a radius of 1,000 feet of the proposed home. The purpose of this change is to eliminate the clustering of community residential homes with six or fewer residents within a community.

Previously, the sponsoring agency or the Department of Children and Family Services was required only at the time of occupancy to notify local government that the home was licensed by the department. Now, in addition to the "prior to occupancy" licensing requirement addressed above, the "data requirement" responsibility lies with the sponsoring agency.

#### **Background**

Historically, living placement options for the physically disabled, handicapped, developmentally disabled, mentally ill, and children were primarily state institutions or nursing homes. However, that began to change in Florida in the 1980s as the Florida Legislature began to develop a policy of community integration as an effective treatment method for those in need. The history of community integration has not always been an easy transition, but great strides have been made in combating discriminatory policies against the mentally ill, elderly, handicapped and children in need. These changes can largely be attributed to the development of federal law that focused on protecting these protected classes of individuals.

In 1989, House Bill 1269 (chapter 89-372, L.O.F) established the framework for what is currently section 419.001, Florida Statutes. One of the purposes was to prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care. The goal was simply to follow a deinstitutionalization model for placement of persons with special needs in the least restrictive setting and for the encouragement of placement of such individuals in community residential facilities. The state has a significant interest in the development of community residential homes because of the service they provide. These homes provide a living environment for many different types of people. They include children who may be dependent and are placed in licensed child care settings. Some group homes may serve the developmentally disabled in a licensed residential facility; while other group homes provide a living environment for the elderly in an adult congregate living facility. All of these services and many more that may be offered provide a service that is needed in some capacity in Florida.

Currently, section 419.001, Florida Statutes, requires the local government to approve the location of certain residential homes which provide for a living environment for seven to fourteen unrelated residents. When a site for a community residential home has been selected by a sponsoring agency in an area zoned for multifamily use, the agency shall notify the Chief Executive Officer of the local government in writing. The local government then has up to 60 days to respond and if no response is given within 60 days, the sponsoring agency may establish the home at the site in question. Currently, homes with six or fewer residents shall be deemed a single family unit without approval by the local government, provided that the home does not exist in a 1,000 feet radius of another six or fewer resident home.

In January of 2004, the Department of Children and Families (DCF) reported that over 5,000 individuals with Developmental Disabilities lived in foster care facilities and group home facilities licensed by DCF and operated by private providers. There are approximately 1,000 licensed facilities which serve as alternatives to institutional care, enabling individuals to live in a family-like setting in the community where necessary supports are available.

Section 419.001(1)(d), Florida Statutes, defines a "resident" as a:

- "Frail elder" pursuant to section 400.618, Florida Statutes, which includes a functionally impaired person who is over the age of 60 who has physical and mental limitations that restricts the ability of that person to live independently and perform normal activities of daily living.
- "Physically disabled or handicapped person" pursuant to section 760.22(7)(a), Florida Statutes, which includes a person that has a physical or mental impairment which substantially limits one or more major life activities, or he or she has a record of having, or is regarded as having, such physical or mental impairment.
- "Developmentally disabled person" pursuant to section 393.063, Florida Statutes, which includes a person with a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi syndrome and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely.
- Nondangerous "mentally ill person" pursuant to section 394.455(18), Florida Statutes, which includes an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with a person's ability to meet the ordinary demands of living, regardless of etiology. For the purposes of this part, the term does not include retardation or developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.
- "Child" who is found to be dependent by the court pursuant to section 39.01(14), Florida Statutes, and a "child" in need of services pursuant to subsection 984.03(9) and 985.03(8), Florida Statutes.

Section 393.062, Florida Statutes, provides in part:

"....The Legislature declares that the goal of this act, to improve the quality of life of all developmentally disabled persons by the development and implementation of community-based residential placements, services, and treatment, cannot be met without ensuring the availability of community residential opportunities for developmentally disabled persons in the residential areas of this state. The Legislature, therefore, declares that all persons with developmental disabilities who live in licensed community homes shall have a family living environment comparable to other Floridians. The Legislature intends that such residences shall be considered and treated as a functional equivalent of a family unit and not as an institution, business, or boarding home."

**C. SECTION DIRECTORY:**

**Section 1:** Amends s. 419.001(1) and (2), F. S., regarding site selection of community residential homes.

**Section 2:** Provides an effective date of July 1, 2006.

**II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

**A. FISCAL IMPACT ON STATE GOVERNMENT:**

1. Revenues:

None.

2. Expenditures:

None.

**B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**

1. Revenues:

None.

2. Expenditures:

None.

**C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

This bill could potentially restrict the ability of private organizations to provide cost-effective residential homes to certain residents because of the added requirement to furnish data to the local government prior to occupancy.

**D. FISCAL COMMENTS:**

None.

**III. COMMENTS**

**A. CONSTITUTIONAL ISSUES:**

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

One potential constitutional concern is whether or not discrimination may be claimed by persons with developmental disabilities and other defined protected classes.

In *Dornbach v. Holley*, 854 So.2d 211, (Fla 2d DCA 2002), owners of residential real property in a subdivision brought action in the lower court seeking injunctive relief, alleging that proposed use of subdivision property as a group home for four to six developmentally disabled adults violated subdivision's restrictive covenants. The lower court entered an order granting a permanent injunction. The owners of the property to be used as a group home appealed. The court held that enforcing deed restriction against a group home was impermissibly discriminatory. In finding this ruling the court discussed the argument that the enforcement of a restrictive covenant is contrary to the United States Fair Housing Act of 1988 (FHAA). This act added handicapped persons to those protected from discrimination in buying and renting facilities.

The Florida Legislature essentially codified the Federal Act when it enacted the Florida Fair Housing Act in sections 760.20 - 760.37, F.S. Section 760.23(7)(b), F.S., provides that, "It is unlawful to discriminate in the sale or rental of, or to otherwise make unavailable or deny, a dwelling to any buyer or renter because of a handicap of a person residing in or intending to reside in that dwelling after it is sold, rented, or made available." The statute states further that discrimination is also defined as to include a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.

In considering the application of the Florida Fair Housing Act, the federal courts have determined that one may be guilty of discrimination in any one of three ways. First, the Act prohibits intentional discriminatory conduct towards a handicapped person. See *Martin v. Constance*, 843 F.Supp. 1321 (E.D.Mo.1994). Second, the Act prohibits incidental discrimination, that is, an act that results in making property unavailable to a handicapped person. *Id.* Third, the Act prohibits an act that fails to make a reasonable accommodation that would allow a handicapped person the enjoyment of the chosen residence. See *Advocacy Ctr. for Persons with Disabilities, Inc. v. Woodlands Estates Ass'n*, 192 F.Supp.2d 1344 (M.D.Fla.2002). The Court was persuaded that, given the similarity of language and purpose in the federal and the Florida legislation, this three-pronged approach applies equally to the Florida Fair Housing Act. The record in *Dornbach* does show that by enforcing the restriction in question, incidental discrimination results since the residence is made unavailable for the handicapped. See *Rhodes v. Palmetto Pathway Homes, Inc.*, 303 S.C. 308, 400 S.E.2d 484 (1991). Finally, public policy as stated in section 419.001(2) and in section 393.062, Florida Statutes (2000), supports the premise that the group home in *Dornbach* is the functional equivalent of a single-family residential unit and as such does not pose any threat to the purpose justifying the deed restrictions at issue. Thus, to refuse to waive these restrictions is to refuse to offer a reasonable accommodation, which also amounts to discrimination as defined by statute. See *Advocacy Ctr.*, 192 F.Supp.2d 1344.

In July 1999, the U.S. Supreme Court challenged federal, state, and local governments to develop more opportunities for individuals with disabilities through accessible systems of cost-effective community-based services. *Olmstead v. L. C.*, 527 U.S. 581 (1999). The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The ADA and the *Olmstead* decision apply to all qualified individuals with disabilities regardless of age.

#### B. RULE-MAKING AUTHORITY:

The bill does not provide any additional rulemaking authority to the identified departments and agencies; however, the entities have sufficient rulemaking authority in existing law to carry out its current licensing functions.

#### C. DRAFTING ISSUES OR OTHER COMMENTS:

Chapter 419, Florida Statutes, requires the Department of Children and Families to license community residential homes. Staff research has revealed that several other state agencies are involved in the



licensing of community residential-type facilities, including the Agency for Persons with Disabilities, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Agency for Health Care Administration. Since there is not one central licensing agency, there is the potential that residential group homes could be located next to each other in the same community without the knowledge of the other licensing agency. This bill will potentially help avoid this problem by placing with the sponsoring agency the responsibility to provide the most recently published data compiled showing that no other community residential home of six or fewer residents is located within 1,000 feet of the proposed home.

The Agency for Persons with Disabilities (APD) expressed the following concerns:

Area APD staff currently provide local governments with updated information regarding the number and location of APD-licensed homes. Local government uses this information in determining whether or not prospective providers applying for initial licensure as a community residential home comply with the distance requirements delineated with Chapter 419. Local government is the logical repository for such licensure information since multiple state agencies have the authority to license community residential homes and do not currently have access to each of those licensure databases.

Using the existing definition of "sponsoring agency", agencies which are seeking licensure (through APD) to render residential services to persons with developmental disabilities would not possess the "most recently published data which identifies existing community residential homes". Therefore, in order to comply with the mandatory reporting requirements contained within the proposed bill, prospective residential providers would have to contact each of the various state agencies authorized to license community residential homes in order to obtain the most recent data regarding the locations of those homes. This requirement could create a hardship for these individual providers and delay the licensure process. Since licensure databases change on a routine basis (as new community residential homes are licensed) such delays could potentially result in local governments making decisions based upon outdated licensure information.

Since the definition of "community residential home" is expanded via this bill to reflect the fact that other state agencies besides DCF have the authority to license such facilities, the subsequent mandate that the "sponsoring agency or the Department of Children and Family Services would then be required to notify the local government that the home is licensed by the Department" requires similar modification (because DCF is not involved in the licensure of all community residential homes).

The Department of Children and Family Services expressed the following concerns:

Currently, the law holds the Department of Children and Family Services responsible for all provisions of this chapter when in reality this chapter applies equally as well to other state agencies. For example, this chapter requires that a notice to local governments include a statement from the "district administrator of the department" regarding the need for and the licensing status of the proposed community residential home. Also, this chapter currently cites under reasons for local government to deny a permit, that it does not meet "applicable licensing criteria established and determined by department" when the department is defined as Children and Families. The Agency for Health Care Administration is the licensing entity for most community residential homes. Currently, sponsors of community residential homes are not required to provide data verifying that no other community residential home with six or fewer residents is located within 1,000 feet of another community residential home.

This change will allow local governments to prohibit the development of community residential homes of six or fewer beds within 1,000 feet of other community residential homes. This restriction is likely to make it more difficult for contracted providers to develop community residential homes. This is due to site restrictions which impact lease/purchase costs. Although the 1,000 foot space between homes is not a new requirement, the compilation of data verifying

the absence or presence of other community residential homes prior to occupancy is a new requirement.

The bill fails to specifically place responsibility on the appropriate licensing agency for notifying local governments that a home is licensed. The proposed language may contain a technical deficiency in the use of the term, "district" as this term may not be used by other agencies. If passed, this bill will require sponsors of community residential homes to provide local government with the most recently published data compiled that identifies all community residential homes in the district in which the proposed site is to be located in order to show that no other community residential home is within a radius of 1,000 feet of the proposed home with six or fewer residents.

#### **IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES**

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A bill to be entitled

An act relating to community residential homes; amending s. 419.001, F.S.; revising definitions; requiring the sponsoring agency of a community residential home to provide certain information to a local government under certain circumstances; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (1) and (2) of section 419.001, Florida Statutes, are amended to read:

419.001 Site selection of community residential homes.--

(1) For the purposes of this section, the following definitions shall apply:

(a) "Community residential home" means a dwelling unit licensed to serve residents, as defined in paragraph (c), who are clients of the Department of Elderly Affairs, the Agency for Persons with Disabilities, the Department of Juvenile Justice, or the Department of Children and Family Services or a dwelling unit licensed by the Agency for Health Care Administration, which provides a living environment for 7 to 14 unrelated residents who operate as the functional equivalent of a family, including such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents.

~~(b) "Department" means the Department of Children and Family Services.~~

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(b)~~(e)~~ "Local government" means a county as set forth in chapter 7 or a municipality incorporated under the provisions of chapter 165.

(c)~~(d)~~ "Resident" means any of the following: a frail elder as defined in s. 400.618; a physically disabled or handicapped person as defined in s. 760.22(7)(a); a developmentally disabled person as defined in s. 393.063; a nondangerous mentally ill person as defined in s. 394.455(18); or a child as defined in s. 39.01(14), s. 984.03(9) or (12), or s. 985.03(8).

(d)~~(e)~~ "Sponsoring agency" means an agency or unit of government, a profit or nonprofit agency, or any other person or organization which intends to establish or operate a community residential home.

(2) Homes of six or fewer residents which otherwise meet the definition of a community residential home shall be deemed a single-family unit and a noncommercial, residential use for the purpose of local laws and ordinances. Homes of six or fewer residents which otherwise meet the definition of a community residential home shall be allowed in single-family or multifamily zoning without approval by the local government, provided that such homes shall not be located within a radius of 1,000 feet of another existing such home with six or fewer residents. Such homes with six or fewer residents shall not be required to comply with the notification provisions of this section; provided, however, that, prior to occupancy, the sponsoring agency provides the local government with the most recently published data compiled that identifies all community

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56 residential homes in the district in which the proposed site is  
57 to be located in order to show that no other community  
58 residential home is within a radius of 1,000 feet of the  
59 proposed home with six or fewer residents. At the time of home  
60 occupancy, the sponsoring agency or the Department of Children  
61 and Family Services must notify ~~or the department notifies~~ the  
62 local government ~~at the time of home occupancy~~ that the home is  
63 licensed by the department.

64       Section 2. This act shall take effect July 1, 2006.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

Bill No. **HB 351**

COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

Council/Committee hearing bill: Future of Florida's Families  
Representative(s) Lopez-Cantera offered the following:

**Amendment**

Remove line(s) 60 & 61, and insert:  
occupancy, the sponsoring agency or the licensing entity must  
notify ~~or the department notifies~~ the

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## Policy Options

# Prevention of Child Abuse and Neglect Policy Options

## Option Categories

- #1 Prevent families and communities from becoming at risk of abuse and neglect
- #2 Focus on at-risk families before abuse and neglect have occurred
- #3 Help prevent the recurrence of abuse and neglect

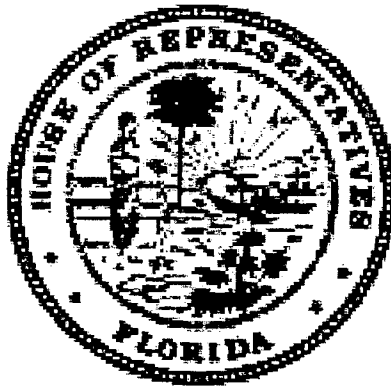
	Identity of Policy Options	Category #	Person(s) or Organization Submitting Recommendation	✓ Rank Order
<b>1</b> Pages 2-3	Make available to parents who suffer from mental illness the appropriate constellation of supports to allow them to parent successfully.	#2 and #3	Kathy Bell, LMHC, Program Manager, Healthy Families Pasco	
<b>2</b> Pages 4-5	Require portion of child abuse prevention funding be dedicated to the controlled longitudinal evaluation of program effectiveness.		Larry Rein, ChildNet, Inc.	
<b>3</b> Pages 6-8	Implement in each district and/or CBC lead agency a primary prevention model which engages the larger community before harm is done and after a child is returned home.	#1 and #3	<ul style="list-style-type: none"> <li>• Marcie Biddleman, Heartland for Children, CBC lead agency, District 14</li> <li>• Cynthia Schuler, Kids Central, Inc.</li> <li>• Ann Doyle, Devereux Kid</li> </ul>	
<b>4</b> Pages 9-10	Pilot a replication in Palm Beach County of the Kids In Distress Coordinated Family Services Model presently in Broward County.	#1, #2, and #3	Ellyn Okrent, Kids In Distress, Inc.	
<b>5</b> Pages 11-12	Provide a formal research study by an independent evaluator to substantiate the outcomes of the Coordinated Family Services Model.	#1, #2, and #3	Ellyn Okrent, Kids In Distress, Inc.	
<b>6</b> Pages 13-14	Fund the roll out of primary prevention strategies – Implement statewide Parent Education and Support Network, Establish a Web-Based “What Works” Clearinghouse,	#1	The Ounce of Prevention Fund of Florida	



	Complete and Sustain a Statewide Resources and Referral Network, and Expand CBC Community Capacity Building.				
<b>7</b> Pages 15-16	Continue to support, strengthen, and expand Healthy Families Florida statewide so that it is available to all families that are at risk of child abuse and neglect and other poor childhood outcomes.	#2		The Ounce of Prevention Fund of Florida and Healthy Families Florida Lead Agencies	
<b>8</b> Pages 17-18	Appropriate and direct existing funds to be distributed to CBC lead agencies for establishing, expanding and/or enhancing successful prevention models designed to prevent children from entering the child welfare system.	#1		The Florida Coalition for Children; members consist of Community Based Care Lead Agencies and Child Welfare Service Providers statewide	
<b>9</b> Pages 19-24	Identify the Florida Statewide Advocacy Council (FSAC) and the Florida Local Advocacy Councils (FLACs) as "Medicaid Oversight" regarding the release of recipient information in abuse reports.	#2 and #3		<ul style="list-style-type: none"> <li>Carolyn Shell, FSAC Chair</li> <li>Betty Busbee, FSAC Vice Chair and Legislative Committee Chair</li> </ul>	
<b>10</b> Pages 25-26	Build capacity for relationship skills education and require these courses for all elementary, middle and high school youth.	#1		Florida Commission on Marriage and Family Support Initiatives	
<b>11</b> Pages 27-28	Develop a "What Works" Clearinghouse to make information on research, evidence-based programs, and promising practices for relationship skills education, parent education, marriage education and other programs available to providers serving families and children.	#1		Florida Commission on Marriage and Family Support Initiatives	
<b>12</b> Pages 29-30	Require government funded or supported provider service networks that deal with couples or families to be trained and equipped to disseminate information about premarital counseling, relationship skills education, marriage education and counseling, and parent	#1		Florida Commission on Marriage and Family Support Initiatives	

	education and counseling in their geographic areas.			
<b>13</b> Pages 31-32	Develop a cadre of Front Porch Project trainers in established networks that have local networks.	#1	Florida Commission on Marriage and Family Support Initiatives	
<b>14</b> Pages 33-34	Require each school district to establish written procedures for the immediate reporting of suspected or known child abuse by an individual who is employed by or otherwise contracted by a public school.	#1	Department of Education	
<b>15</b> Pages 35-36	Allow flexibility in funding streams to the state level to allow for strengthening the importance of the key principles by systems are expected to operate. Place accountability on the provider utilizing prevention funds for the correct service array and population.	#1, #2, and #3	Sallie O'Hara, NE FL Exchange Club Child Abuse Prevention Center	
<b>16</b> Pages 37-38	Expand the Neighborhood Partnerships for the Protection of Children from its now 11 sites around the state to one in every county.	#1, #2, and #3	Sallie O'Hara, NE FL Exchange Club Child Abuse Prevention Center	
<b>17</b> Pages 39-40	Expand the Healthy Families Florida funding and Healthy Start Funding to increase primary prevention services for families before entry into the Child Welfare System.	#1	Sallie O'Hara, NE FL Exchange Club Child Abuse Prevention Center	
<b>18</b> Pages 41-42	Expand the ability of states to claim federal IV-E funding for all of the child welfare training provided, without the provision requiring that costs be prorated based on the percentage of IV-E eligible children served.	#2 and #3	Sallie O'Hara, NE FL Exchange Club Child Abuse Prevention Center	
<b>19</b> Pages 43-44	More clearly define Baker Act requirements as they relate to Children's Receiving and Crisis Stabilization Units.	#1, #2, and #3	Sallie O'Hara, NE FL Exchange Club Child Abuse Prevention Center	
<b>20</b> Pages 45-46	Addressing the needs of young adults in foster care and young adults who age out of foster care can help prevent the occurrence of abuse and neglect of their children.	#2	<ul style="list-style-type: none"> <li>• Representative Rich Glorioso</li> <li>• Connected By 25</li> <li>• Eckerd Family Foundation</li> <li>• Independent Living Advisory Council</li> </ul>	

<b>21</b> Page 47	Increase the base funding level of the Healthy Families program, add a mental health counselor position, and expand the availability of program to additional areas of Florida.	#2	The Children's Home Society	
<b>22</b> Pages 48-49	Provide stability of the family's dependency case manager.	#3	The Children's Home Society	
<b>23</b> Pages 50-51	Increase Early Education and Care for at-risk children	#1	<ul style="list-style-type: none"> <li>Gaetana Ebbole, CEO, Children's Services Council of Palm Beach County</li> <li>Ted Simpkins, District 9 Administrator</li> <li>John McCarthy, Executive Director, Child and Family Connections of Palm Beach County</li> </ul>	
<b>24</b> Pages 52-53	High/Scope Perry Preschool Program – See description of option for more details	#1	<ul style="list-style-type: none"> <li>Gaetana Ebbole, CEO, Children's Services Council of Palm Beach County</li> <li>Ted Simpkins, District 9 Administrator</li> <li>John McCarthy, Executive Director, Child and Family Connections of Palm Beach County</li> </ul>	
<b>25</b> Pages 54-55	Nurse-Family Partnership (NFP) – See description of option for more details	#1	<ul style="list-style-type: none"> <li>Gaetana Ebbole, CEO, Children's Services Council of Palm Beach County</li> <li>Ted Simpkins, District 9 Administrator</li> <li>John McCarthy, Executive Director, Child and Family Connections of Palm Beach County</li> </ul>	



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## **Future of Florida's Families Committee**

### **Interim Project relating to Prevention of Child Abuse and Neglect**

# **COMPILATION OF POLICY OPTIONS**

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

This recommendation is for at risk parents (2) and parents who are already in the Child Protection system (3) and primarily concerns parents who suffer from mental illness.

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Kathy Bell, LMHC  
Program Manager  
Healthy Families Pasco  
A Program of Pasco Kids First, Inc.

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

Mentally ill persons or persons who have significant history of behavioral issues who become parents require specific ongoing support to remain the primary caregivers of their children. That support minimally requires access to a Psychiatrist or Psychiatric ARNP to prescribe psychotropic medications, the medication itself, access to ongoing mental health counseling and a support person, usually a case manager or home visitor.

Even when Medicaid benefits are available (which they are not uniformly), Florida's community mental health system and its rules and regulations are not parent-friendly. As one case in point one mom with mental illness whom we serve at Healthy Families Pasco, a woman who had had her first child removed by DCF and placed with family members, was successfully parenting her second child with a constellation of supports in place, when Medicaid changed its formulary this year and she was forced off medication that had kept her stable. Overrides and appeals were denied, with Medicaid stating that she would have to fail on other medications (meaning she would have to show a hospitalization) before coverage of the original medication would be restored. Why would the State of Florida want to see a parent who is mentally fragile at best have to deteriorate to a point where she may abuse or neglect her child and then be hospitalized to prove a point?

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

Healthy Families Florida and The Ounce of Prevention support my request to make available to parents who suffer from mental illness the appropriate constellation of supports to allow them to parent successfully. These include access to a Psychiatrist or Psychiatric ARNP to prescribe psychotropic medications, the medication itself, access to ongoing mental health counseling and a support person, usually a case manager or home visitor. (Healthy Families, in the case of parents of newborns, which will stay with the family until the target child is five years old.) Recognition of the fact that mental illness

is not limited to those parents with previous official diagnosis is paramount. Positive mental health is the basis from which appropriate, responsible parental decisions are made. Parental mental illness does not need to rise to the level of an Andrea Yates situation (Texas mother who drowned her five children) to be significantly harmful to children.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Prioritizing children by providing parent-friendly supports for parents with mental illness will require an enhanced community mental health system as well as collaboration and coordination between ACHA and other parent support programs such as Healthy Families.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

While the fiscal impact is not known to me, I urge you to consider the human cost of abuse and neglect on the health and viability of Florida's children when in this situation it could easily be mitigated by a parent-friendly mental health system.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

Require that some portion of child abuse prevention funding be dedicated to the controlled longitudinal evaluation of program effectiveness. Such evaluations should be both global, comparing the relative effectiveness of the three different categories of prevention activities, and more specific, describing the relative effectiveness of specific programs within each category.

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Larry Rein, Vice President, ChildNet, Inc.

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

The selection and support of current prevention programs typically rely on vague notions of “best practices” or “evidence based” literature describing their implementation in communities and with populations often very unlike ours. Their continued local use is based on achievement of target “outcomes” whose selection and definition is frequently suspect. Rarely, if ever, does this “data” scientifically document a significant difference in abuse rates between program participants and non-participants or demonstrate reduced rates of abusive behavior among participants for meaningful durations following program participation. Nor do they consider whether program effectiveness varies across communities or target populations. Recent more critical examinations, in fact, seriously question the effectiveness of popular “best practice” family preservation and home visiting programs such as Home Builders and Healthy Start. These studies make it clear that generalized one size fits all approaches are likely not the best solution to the challenge of child abuse. Rather they describe a need to clearly identify those factors in both an individual and a community that contribute to abuse and then carefully craft, and scrutinize the effectiveness of, individual and local solutions.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

One of the great successes of Community Based Care in Broward has been a dramatic reduction in average lengths of stay. This has not, however, necessarily reduced the number of children in the dependency system because the number of new children entering the system typically exceeds the number being discharged. This occurs despite current local and state investment in an array of prevention and intervention programs. This certainly may suggest the need for additional prevention resources. However, it also suggests that, cumulatively, these resources are not as effective as we might hope. It seems, therefore, critical to both increase prevention funding and ensure the efficient investment of such funding in categories of prevention and in specific programs that we

can clearly demonstrate substantially reduce initial and repeated abuse, and do so for extended periods of time.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Additional costs are not attached to this proposal. The recommended evaluations would be supported by a fixed portion of whatever state funding is designated for prevention services.



**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

Implement in each District and/or community based care lead agency a primary prevention model, which through facilitation and community education strategies, engages the larger community in helping children and families before a child is harmed, and supports families, including adoptive families, after a child returns to a safe and permanent home.

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Heartland for Children (Marcie Biddleman, Executive Director) – Community based care lead agency serving District 14.

Kids Central Inc. (Cynthia Schuler, Executive Director) - Community based care lead agency serving District 13.

Devereux Kid (Ann Doyle, Program Manager) - a prevention program of Devereux Florida

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

The State of Florida has fully transferred child protection and foster care services from the Department of Children and Families to community based care lead agencies. The purpose of this transfer was to engage local communities in protecting, and creating safe and permanent homes for their children who are victims of child abuse, neglect and abandonment (Statutory Authority: 409.1671, F. S.). Although child protection services have transferred to local community agencies, there has been little of the transformation of the child welfare system that was envisioned with this effort. In essence in most locations, families continue to receive services that are similar to those provided under the Department. Without a change in the mindset of local stakeholders and community leaders that expands their thinking beyond traditional treatment and engages the entire community in surrounding children and families with support and service options, this transformation will never take place.

This recommendation calls on state leaders to support a primary prevention model that engages community members through education and skill building to prevent abuse and neglect, capacity building, and facilitated dialogue. The model also involves the identification and coordination of traditional and non traditional services and activities to enhance local support networks and resources for children and families. The model places primary prevention activities at the beginning of local systems of care and provides on going community prevention resources for families before, during and after their involvement in child protection services. As a primary prevention model this is a cost avoidance strategy; investing in the development of community resources that keep children safe from harm to avoid more costly long term treatment and placement services. The model demonstrates a strategy of Return on Community Investment (ROCI), a strategic management tool used to determine if the prevention efforts are accountable for the investment of community resources.

This model has been successfully implemented in District 14 and is in its first year of operation in District 13. It has also been a pilot project of the Ounce of prevention Fund of Florida since 2002. In all locations Community Facilitators are engaging community residents through education and awareness building activities, and coordinating and enhancing services and resources. The model is consistent with the goals of Florida's State Plan for the Prevention of Child Abuse, Neglect and Abandonment: July 2005 – June 2010:

- All families and communities ensure children are safe and nurtured and live in stable environments that promote well-being.
- State, local and community resources comprise collaborative, responsive, family centered service delivery that promotes the well-being and safety of children, families and communities.
- The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively and effectively.
- The prevention continuum's accountability system ensures the evidence based effectiveness of planning and resource utilization.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

In each District, local planning groups have worked over the past year to develop and begin implementation of the local 5-year prevention plans. In District 14, a Prevention Workgroup has met bimonthly to coordinate prevention efforts, including the development and implementation of the plan, since May, 2003. Local prevention plans were included in the State's plan. The Florida Interprogram Task Force is the state level organization charged with the implementation of the prevention plan. Community Facilitators, a job function included in the model, are responsible for coordinating the local plan implementation in both District 14 and District 13.

The Ounce of Prevention Fund of Florida has supported the development of this prevention model through its support of the Devereux Kids Community Capacity Building Prevention Program as one of its pilot projects since August 2002.

The Florida Coalition for Children has included prevention program funding as one of its legislative priorities.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Any challenges to this proposal would come primarily if any resources to be allocated for implementation of the prevention model are shifted from the resources needed to adequately fund treatment and placement services.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Currently, the model has been funded through the Ounce of Prevention Fund of Florida to provide services in the Tampa Bay area, Heartland for Children to serve Polk, Highlands and Hardee counties, and Kids Central, Inc. to serve Marion, Lake, Sumter, Hernando, and Citrus counties. Each of these projects is funded at approximately \$200,000 annually to cover the cost of 3.7 FTE and the training and operational expenses related to program

implementation. In all of these contracts there are some cost sharing for program management and supervision so stand alone projects may require additional resources, as would those that serve larger geographical areas.

**Identify the Policy Option/Recommendation** (Provide a brief description of the option and category number):

Coordinated Family Services Model: Addresses all categories 1, 2 and 3: To pilot a replication of the Kids In Distress (KID) Coordinated Family Services Model, an effective, comprehensive Child Abuse and Neglect Prevention Program in Palm Beach County. Many cases of child abuse, neglect and poor parenting occur because of an acute but solvable family crisis. Effective, comprehensive prevention services, like the two-pronged Coordinated Family Services Model developed and administered in Broward County by Kids in Distress, help families solve problems, provide support services and keep families intact and children safe. The first part of the program has reduced the incidence of abuse, neglect, maltreatment, abandonment and decreased the number of children entering Florida's child welfare system. The second part has increased the number of families successfully being reunified after being removed from their homes for abuse and neglect. Both improve young children's ability to be successful in school, which ultimately reduces the number of teens and young adults becoming delinquent, unemployable and incarcerated. This program finally breaks the cycle of abuse and neglect. We seek to pilot a replication of the Service Model in Palm Beach County.

**Name of person and/or organization submitting the recommendation:**

Ellyn Okrent/Kids In Distress, Inc.

**Explanation of Present Situation:**

In Palm Beach County, families at risk of abusing or neglecting their children due to an acute but solvable crisis are on their own, with no program to intervene and no agency to coordinate the myriad of services that will get them through the crisis and improve their parenting and coping skills. There has been significant research from multiple sources indicating the hardships that families face trying to obtain the services they need. Prevention of child abuse and neglect is substantially less costly in the short and long term than caring for children in foster care, and then dealing with the emotional, financial and societal fallout as the children in the system grow up. When family crises reach the point that removing children into foster care is the only option, it sets the stage for a lifetime of failure: 75% of children in foster care perform below grade level in school, almost half do not complete high school and only 15% attend college. Troubled youth become troubled adults. Within two to four years after young people are emancipated from foster care, less than half have jobs, 40% are on public assistance, 25% become homeless and one in five are incarcerated.

**PROS:**

The current system where we wait for families to fail, then provide no way for them to navigate through a complicated system of government and social services, does not work. When one proactive nonprofit agency coordinates all social, behavioral, medical, educational, financial, substance abuse treatment, violence prevention and mental health

services, we are able to stop child abuse and neglect before it starts. Kids In Distress partners with ChildNet, Children's Services Council, Broward County Schools, Broward County Commissioners, Child and Family Connections, Medicaid, Broward Sheriff's Office, Family Central/Early Learning Coalition, Broward Regional Health Planning Council/Healthy Families, Healthy Start Broward, Nova Southeastern University, Broward Addiction and Recovery Center, The Glass House, Women in Distress, Children's Diagnostic and Treatment Center, The Mental Health Association, Work Force One, The Homeless Coalition, United Way of Broward, Broward Community Foundation and the Cities of Hollywood, Pompano Beach, Fort Lauderdale and Sunrise. New partners in Palm Beach County will include service providers for mental health, behavioral health, substance abuse treatment, family violence prevention, employment assistance, public benefits assistance and medical care.

**CONS:**

The possible obstacle could be if organizations are unwilling to collaborate, but we are convinced that this can be overcome.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Approximately \$ 600,000.

**Identify the Policy Option/Recommendation:**Coordinated Family Services Model Research Study

The Coordinated Family Service Model has been used to reduce incidents of child abuse and neglect in South Florida. To achieve these outcomes, we need a formal research study by an independent organization to evaluate the outcomes. This information will provide the funding for widespread duplication of similar prevention programs. These efforts will save money and improve the lives of the families.

**Name of person and/or organization submitting**

Ellyn Okrent/Kids In Distress, Inc.

**Explanation of Present Situation:**

Kids In Distress developed and administers a Coordinated Family Service Model to reduce child abuse and neglect in Broward County. This comprehensive model includes behavioral, medical, educational, financial, substance abuse, and mental health services to stop child abuse and neglect, help families solve problems, provide support and resources, and keep children safe. Once we have a formal research study, we will be able to attract funders for a widespread duplication of the program.

**PROS:**

The program reduces abuse and neglect and saves money. It provides the evidence needed to attract funding for prevention, saving the lives of children and saving the state substantial money. Child abuse and neglect is much less costly in the short and long term than placing children in foster care and then dealing with the emotional, financial, and medical consequences for children in the system as they grow up. We have a success story to document the successes so it can be expanded. Kids In Distress partners with ChildNet, Children's Service Center, Broward County Commissioners, Child and Family Services, Sheriff's Office, Family Central/Early Learning Coalition, Broward County Planning Council/Healthy Families, Healthy Start Early Childhood Coalition, University of Broward, Broward Addiction and Recovery Center, Kids In Distress, Children's Diagnostic and Treatment Center, Broward County Work Force One, The Homeless Coalition, United Way, Broward County Community Foundation and the Cities of Hollywood and Sunrise.

**CONS:**

None.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

\$50,000 the first year to design the study and input all past data. \$20,000 per year for the next 3 consecutive years to keep collecting the data and coordinate and report data.

**Identify the Policy Options/Recommendation:****Category #1**

Fund the roll out of primary prevention strategies that are aimed at building community capacity so that communities can meet their responsibilities to ensure families have the support they need to ensure children are safe, healthy, educated, nurtured and protected from abuse, abandonment and neglect.

**Specific Implementation Recommendations for FY 2006-2007:**

- Implement a Statewide Parent Education and Support Network Linked to a National Network for Prevention – The Prevention Network would provide educational support groups as resources for parents and caregivers. Florida currently funds a proven model on a smaller scale called the Florida Circle of Parents. The Florida Circle of Parents currently partners with community organizations to offer 40 parent support groups throughout the state. This recommendation would expand this network statewide so all parents and caregivers would have access to support groups.
- Establish a Web Based “What Works” Clearinghouse – The clearinghouse would provide evidence-based resources such as innovative strategies and model programs for strengthening families and marriages to prevent the abuse, neglect and abandonment of children (e.g., Front Porch Project, Community Capacity Building, relationship skills education, premarital counseling and education, parenting education, family counseling, couples and families mentoring programs, divorce reduction programs, etc.).
- Complete and Sustain a Statewide Resources and Referrals Network – Provide funding for statewide implementation and sustainability of the 211 network for information, resources and referrals to help lines and supports as well as provide referral information for more formalized supports (i.e., natural, community, faith-based as well as government funded and sponsored). Provide additional funding for formalized, comprehensive training for counselors responding to callers to the Florida Parent Helpline, 1-800-FLA-LOVE.
- Expand CBC Community Capacity Building – District 14 has a model for implementing primary prevention through training communities in Community Capacity Building and the American Humane Association’s Front Porch Project. This recommendation would take D14’s model statewide.

**Name of person and/or organization submitting the recommendation:**

The Ounce of Prevention Fund of Florida.



### **Explanation of Present Situation:**

The best time to prevent abuse is before it ever happens. Primary prevention has been for the most part left up to communities to handle. Testimonies at all four hearings underscored the needs of communities and local governments for assistance with those efforts that require more systemic and organized approaches to the prevention of abuse, abandonment and neglect. "Child abuse, abandonment, and neglect often have immediate and long-lasting effects on health, brain development, cognition, and psychological and emotional development for individuals. The immediate and long-term costs to Florida communities and the state are tremendous. The outlay of resources for early education and care and public schools; child welfare and other social service agencies; health care systems; and law enforcement, judicial, and correctional systems required as a result of child maltreatment weigh heavily on community and state resources. The loss of future productivity and success from maltreated individuals creates additional fiscal and social costs. Florida's expenditure of federal, state, and local dollars to address the challenges of child maltreatment has recently produced small improvements in the level of child abuse, abandonment, and neglect. There were 32.3 victims of maltreatment per 1,000 children in fiscal year 2003-04, a drop from 2000-01 and 2001-02 levels of 34.1 and 33.6 per 1,000 children, respectively. Likewise, Florida has experienced modest improvements in re-abuse rates. Of children abused in 2003, 8.8% were re-abused within six months; while the comparable value for 2002 was 9.6%. Although Florida is slowly improving child and family well-being, there remain far too many children and families at risk of and suffering from child abuse, abandonment, and neglect. Florida's child maltreatment and re-abuse rates exceed national averages and the standard set by the federal government." (Florida's State Plan for the Prevention of Abuse, Abandonment and Neglect 2005-2008). The state should build upon primary prevention programs and practices that have evidence of effectiveness.

### **PROS:**

These recommendations build upon the strengths and of existing efforts in Florida.

### **CONS:**

Without an infusion of new funds, those entities that might fear having their funds redirected to these recommended efforts would bring challenges to moving funding into primary prevention efforts.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Staff members of the Ounce of Prevention Fund of Florida would be willing to assist with developing estimated fiscal impacts of any or all of the recommendations provided in this policy option.

**Identify the Policy Option/Recommendation:**  
**Category #2**

Continue to support, strengthen and expand Healthy Families Florida statewide so that it is available to all families that are at risk of child abuse and neglect and other poor childhood outcomes.

**Name of person and/or organization submitting the recommendation:**

The Ounce of Prevention Fund of Florida and Healthy Families Florida Lead Agencies

**Explanation of Present Situation:**

Healthy Families Florida is the largest voluntary home visiting program in the state and one of the largest in the nation. It operates with strong community partnerships. There are 36 community-based projects that provide services in 53 of Florida's 67 counties - 30 county-wide and 23 in high-risk targeted zip codes. State funds and local cash contributions provide services to almost 12,000 families per year. Services are initiated during pregnancy or at the birth of a baby after an assessment is conducted to determine the families' risk. Paraprofessional home visitors educate parents about child health and development, teach problem-solving skills, conduct screening for developmental delays, model positive parent-child interaction, provide social support, connect families to health and other needed family support services, and assist parents in achieving goals such as furthering their education and attaining stable employment. Families who are not eligible to participate are referred to other needed community services or programs by the assessment worker. The 2005-06 General Appropriations Act includes \$28.4 million for the HFF program which is part of the Department of Children and Families child abuse prevention budget. Less than five percent of the department's total budget is spent on abuse and re-abuse prevention measures. Although there have been significant increases in the base budget for Healthy Families since the inception of the program in 1998, the budget has remained flat since fiscal year 2003-04 while the number of families expected to be served has steadily increased. Projects are struggling with the increased cost of doing business, such as health insurance, workers compensation, rent, and other business-related expenses which continue to rise and are unable to provide competitive salaries to retain well-trained, experienced family support workers (home visitors). The current average salary of a family support worker is \$19,700 a year and the rising cost of gasoline and vehicle maintenance eats into their salaries because mileage reimbursement is only 29 cents a mile. Staff retention contributes to family retention which leads to successful outcomes. Additionally, the independent five-year evaluation suggests that adding a high-risk specialist (licensed mental health specialist or social worker) to support the paraprofessional home visitors will strengthen the model and likely increase the length of stay in the program for families with the multiple risk factors of mental illness, substance abuse and domestic violence. The high risk specialist would provide temporary counseling to these families, who are often in denial and resistant to outside help and/or treatment.

## **PROS:**

Healthy Families has proven results. An independent evaluation of the Healthy Families Florida program, released in February 2005, concluded that Healthy Families Florida has a significant impact on preventing child maltreatment. Healthy Families Florida participants had 20 percent less child maltreatment than all families in their target service areas. The evaluation also shows that children in families who completed or had long-term intensive Healthy Families intervention experienced significantly less child maltreatment than did comparison groups with little or no services. The program also has a positive impact on participant self-sufficiency, maternal and child health and parent-child interaction in some of Florida's highest risk families. Recent national studies, including findings from the Center for Disease Controls' Task Force on Community Preventive Services, present similar findings regarding effectiveness – that home visiting programs significantly prevent child abuse and neglect in families with children three years or younger.

Healthy Families Florida is nationally credentialed as a strong, statewide system supported by a central office which provides training, technical assistance, quality assurance monitoring, and accountability to each of the 36 program sites to ensure all sites provide consistently high-quality services.

This policy option will help Florida prevent child maltreatment in at-risk families before it occurs, which is a major outcome in Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010.

## **CONS:**

There should be little, if any challenge to this proposal based on proven results.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Existing funding provided by the Legislature needs to be continued and additional funding is needed to help meet the increase in the cost of living, strengthen the model and expand Healthy Families Florida statewide. If the level of funding is not increased in the short-term, the number of families expected to be served should be decreased to maintain the quality and success of this proven program. The total fiscal impact is not known at this time. However, it is estimated that it would cost an additional \$4.3 million to adjust the base to help address the rising cost of living and low salaries. The Ounce of Prevention Fund/Healthy Families Florida will work with the Healthy Families Advisory Committee to develop the fiscal impact for high risk specialists, expand to the 14 unserved counties and the additional high risk zip codes within the existing 23 counties.

**Identify the Policy Recommendation:**

Appropriate and direct existing funds to be distributed to Community Based Care Lead Agencies (CBCs) for establishing, expanding and/or enhancing successful prevention models designed to prevent children from entering the child welfare system. Allow CBCs flexibility on policy methods; however provide for outcomes measures such as family crisis stabilization and reduction of children entering system. This will provide each individual community the ability to design how to best meet the needs of the children and families in need on prevention services. The CBCs have the responsibility for children in the child protection system including rebuilding families, finding permanency and managing the well being of these children. Moreover, they have the incentive to keep children out of the stem through effective prevention programs.

**Name of Organization Submitting Recommendation:**

The Florida Coalition for Children; members consist of Community Based Care Lead Agencies and Child Welfare Service Providers statewide.

**Explanation of Present Situation:**

In the current state budget FY 05-06, proviso was not included to give monies specifically to CBC Lead Agencies for prevention. Rather the monies were given to DCF for their discretion on distribution to local agencies. However, after the conclusion of the 2005 Legislative Session, Secretary Hadi met with CBC CEOs and verbally agreed to distribute prevention monies in the same amounts as previously received in the budget from FY 04-05. See below proviso language from the 04-05 budget:

**FY 04-05 Budget (CBC Prevention Proviso): (line item 287):** From the funds in Specific Appropriation 287, \$12,486,078 from the Welfare Transition Trust Fund shall be used to provide grants for local child abuse prevention initiatives, both primary and secondary. These additional funds, provided initially in Fiscal Year 2003-2004, shall be distributed to the Healthy Family Services Program, as well as to community-based care lead agencies. Healthy Families shall receive \$6,243,039, and \$6,243,039 shall be provided to the community-based care lead agencies for prevention models designed to prevent children from entering the child welfare system. These prevention models developed by lead agencies should focus on stabilizing family crisis situations and minimizing the number of out-of-home placements.

**PROS:**

CBC Lead Agencies have effectively demonstrated utilizing these funds. For example, CBCs provide wrap around services to families who may be in crisis and need specific services in order to prevent the children from entering the system. Other examples include CBCs partnering with community organizations such as non-profits and children

service councils to implement prevention models using matching funds and other community resources.

**CONS:**

Local agencies who provide prevention services may object to CBCs receiving monies as a direct competition from them previously receiving monies from their District DCF offices.

**Fiscal Impact:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

The fiscal impact in FY 04-05 was an appropriation of \$6.2 million as specified in budget proviso language. There is already existing funding provided by the Legislature. Additional funding could be used to expand on the already existing and effective efforts.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

# 3 – Help prevent the reoccurrence of abuse and neglect [**AFTER**] abuse and/or neglect have occurred, and

# 2 – Focus on at-risk families before [**AFTER**] abuse and neglect have been reported.

**Recommendation:**

Identify the Florida Statewide Advocacy Council (FSAC) and the Florida Local Advocacy Councils (FLAC) as “Medicaid Oversight”, which would meet the language in 45 C.F.R. regarding the release of recipient information contained in the abuse reports that the FSAC and FLAC are mandated to be notified of for the purpose of monitoring and investigating to protect the health, safety and welfare of clients identified in s. 402.164 (2)(b) F.S. This would negate the need for redundant judicial intervention allowing a state agency or a service provider operated, funded, or contracted by the state to share records with the councils performing a monitoring or investigation.

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Carolyn Shell, FSAC Chair

Betty Busbee, FSAC Vice-Chair and Chair of Legislative Committee

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There are currently conflicts between state and federal statutory language, which put state agencies in opposition [requiring Judicial relief on the part of the councils] in the performance of their respective jobs, despite a common goal of protecting the rights, health and safety of the clients.

For the purpose of monitoring and investigating to protect the health, safety and welfare of clients identified in s. 402.164 (2)(b) F.S., Florida Statutes s. 402.165(8)(a)(1) & 402.166(8)(a)(1) F.S. authorize FSAC and FLAC to have “[a]ccess to all client records, files, and reports from any program, service, or facility that is operated, funded, or contracted by any state agency that provides client services and any records that are material to its investigation and are in the custody of any other agency or department of government.” Notifications to the councils are referenced broadly in Florida Statutes.

Section 1902(a)(7)(A) of the Social Security Act mandates that a State Medicaid Plan provides safeguards that restrict the use of disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the State Medicaid Plan.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

Specifically, members of the Florida Statewide Advocacy Council and the local advocacy councils as covered by s. 402.165, F.S.

**402.165 Florida Statewide Advocacy Council; confidential records and meetings. –**

(b) All information obtained or produced by the statewide council that is made confidential by law, that relates to the identity of any client or group of clients subject to the protections of this section, or that relates to the identity of an individual who provides information to the council about abuse or about alleged violations of constitutional or human rights, is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(c) Portions of meetings of the statewide council that relate to the identity of any client or group of clients subject to the protections of this section, that relate to the identity of an individual who provides information to the council about abuse or about alleged violations of constitutional or human rights, or wherein testimony is provided relating to records otherwise made confidential by law, are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.

(d) All records prepared by members of the statewide council that reflect a mental impression, investigative strategy, or theory are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution until the investigation is completed or until the investigation ceases to be active. For purposes of this section, an investigation is considered "active" while the investigation is being conducted by the statewide council with a reasonable, good faith belief that it may lead to a finding of abuse or of a violation of human rights. An investigation does not cease to be active so long as the statewide council is proceeding with reasonable dispatch and there is a good faith belief that action may be initiated by the council or other administrative or law enforcement agency.

(e) Any person who knowingly and willfully discloses any confidential information commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

**39.202 Confidentiality of reports and records in cases of child abuse or neglect.--**

(1) In order to protect the rights of the child and the child's parents or other persons responsible for the child's welfare, all records held by the department concerning reports of child abandonment, abuse, or neglect, including reports made to the central abuse hotline and all records generated as a result of such reports, shall be confidential and exempt from the provisions of s. 119.07(1) and shall not be disclosed except as specifically authorized by this chapter. Such exemption from s. 119.07(1) applies to information in the possession of those entities granted access as set forth in this section.

- (2) Except as provided in subsection (4), access to such records, excluding the name of the reporter which shall be released only as provided in subsection (5), shall be granted only to the following persons, officials, and agencies:

k) Any appropriate official of a **Florida advocacy council** investigating a report of known or suspected child abuse, abandonment, or neglect; the Auditor General or the Office of Program Policy Analysis and Government Accountability for the purpose of conducting audits or examinations pursuant to law; or the guardian ad litem for the child.

**39.302 Protective investigations of institutional child abuse, abandonment, or neglect.--**

(1) The department shall conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Upon receipt of a report that alleges that an employee or agent of the department, or any other entity or person covered by s. 39.01(31) or (47), acting in an official capacity, has committed an act of child abuse, abandonment, or neglect, the department shall initiate a child protective investigation within the timeframe established by the central abuse hotline pursuant to s. 39.201(5) and orally notify the appropriate state attorney, law enforcement agency, and licensing agency. These agencies shall immediately conduct a joint investigation, unless independent investigations are more feasible. When conducting investigations onsite or having face-to-face interviews with the child, such investigation visits shall be unannounced unless it is determined by the department or its agent that such unannounced visits would threaten the safety of the child. When a facility is exempt from licensing, the department shall inform the owner or operator of the facility of the report. Each agency conducting a joint investigation shall be entitled to full access to the information gathered by the department in the course of the investigation. A protective investigation must include an onsite visit of the child's place of residence. In all cases, the department shall make a full written report to the state attorney within 3 working days after making the oral report. A criminal investigation shall be coordinated, whenever possible, with the child protective investigation of the department. Any interested person who has information regarding the offenses described in this subsection may forward a statement to the state attorney as to whether prosecution is warranted and appropriate. Within 15 days after the completion of the investigation, the state attorney shall report the findings to the department and shall include in such report a determination of whether or not prosecution is justified and appropriate in view of the circumstances of the specific case.

(4) The department shall notify **the Florida local advocacy council** in the appropriate district of the department as to every report of institutional child abuse, abandonment, or neglect in the district in which a client of the department is alleged or shown to have been abused, abandoned, or neglected, which notification shall be made within 48 hours after the department commences its investigation.



**393.13 Personal treatment of persons who are developmentally disabled.--**

**393.134(1) SHORT TITLE.--**This act shall be known as "The Bill of Rights of Persons Who are Developmentally Disabled."

(7) **RESIDENT GOVERNMENT.--**Each residential facility providing services to clients who are desirous and capable of participating shall initiate and develop a program of resident government to hear the views and represent the interests of all clients served by the facility. The resident government shall be composed of residents elected by other residents, staff advisers skilled in the administration of community organizations, and a representative of the **Florida local advocacy council**. The resident government shall work closely with the Florida local advocacy council and the district administrator to promote the interests and welfare of all residents in the facility.

**415.104 Protective investigations of cases of abuse, neglect, or exploitation of vulnerable adults; transmittal of records to state attorney.--**

(1) The department shall, within 24 hours after receipt of the report, notify the appropriate **Florida local advocacy council**, or long-term care ombudsman council, when appropriate, that an alleged abuse, neglect, or exploitation perpetrated by a second party has occurred. Notice to the **Florida local advocacy council** or long-term care ombudsman council may be accomplished orally or in writing and shall include the name and location of the vulnerable adult alleged to have been abused, neglected, or exploited and the nature of the report.

**415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death.--**

7. **Florida advocacy council member** or long-term care ombudsman council member; or

**415.1055 Notification to administrative entities.--**

(8) At the conclusion of a protective investigation at a facility, the department shall notify either the **Florida local advocacy council** or long-term care ombudsman council of the results of the investigation. This notification must be in writing.

**415.107 Confidentiality of reports and records.--**

(g) Any appropriate official of the **Florida advocacy council** or long-term care ombudsman council investigating a report of known or suspected abuse, neglect, or exploitation of a vulnerable adult.

## FLORIDA MENTAL HEALTH ACT (ss. 394.451-394.4789)

**394.4595 Florida statewide and local advocacy councils; access to patients and records.**--Any facility designated by the department as a receiving or treatment facility must allow access to any patient and the clinical and legal records of any patient admitted pursuant to the provisions of this act by members of the **Florida statewide and local advocacy councils**.

- (c) Each facility must permit immediate access to any patient, subject to the patient's right to deny or withdraw consent at any time, by the patient's family members, guardian, guardian advocate, representative, **Florida statewide or local advocacy council**, or attorney, unless such access would be detrimental to the patient. If a patient's right to communicate or to receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the patient, the patient's attorney, and the patient's guardian, guardian advocate, or representative; and such restriction shall be recorded on the patient's clinical record with the reasons therefore. The restriction of a patient's right to communicate or to receive visitors shall be reviewed at least every 7 days. The right to communicate or receive visitors shall not be restricted as a means of punishment. Nothing in this paragraph shall be construed to limit the provisions of paragraph (d).

(12) **POSTING OF NOTICE OF RIGHTS OF PATIENTS.**--Each facility shall post a notice listing and describing, in the language and terminology that the persons to whom the notice is addressed can understand, the rights provided in this section. This notice shall include a statement that provisions of the federal Americans with Disabilities Act apply and the name and telephone number of a person to contact for further information. This notice shall be posted in a place include the telephone numbers of **the Florida local advocacy council** and Advocacy Center for Persons with Disabilities, Inc.

**394.4597 Persons to be notified; patient's representative.**--

(2) **INVOLUNTARY PATIENTS.**--

- (d) When the receiving or treatment facility selects a representative, first preference shall be given to a health care surrogate, if one has been previously selected by the patient. If the patient has not previously selected a health care surrogate, the selection, except for good cause documented in the patient's clinical record, shall be made from the following list in the order of listing:

6. The appropriate **Florida local advocacy council** as provided in s. 402.166.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Legal counsels of the various agencies and organizations that are federally mandated to protect Personal Health Information (PHI), who feel that the solution to the conflicting

language in state and federal statutes is for the FSAC & FLAC's to petition the court in each case where there is a conflict.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

FSAC and FLAC have statutory authority to petition the circuit court for access to client records that are confidential as specified by law, however there is no estimate of the total cost to the state, local government, and contracted and/or licensed providers relative to the cost of persistent use of this authority in performing their monitoring and investigative for the protection of the health, safety and welfare of the clients who receive health and human services that are provided to a client by a state agency or a service provider operated, funded, or contracted by the state.

**Identify the Policy Option:****Category #1 – Relationship Skills Education**

Build capacity for relationship skills education and require these courses for all elementary, middle and high school youth. In providing these courses, school staff would need to be certified and trained to teach specific courses.

**Name of Person and/or organization submitting the recommendation:**

Florida Commission on Marriage and Family Support Initiatives.

**Explanation of Present Situation:**

Children in Florida face more severe risks than children in other states given the increased fragmentation of Florida families. Florida has high divorce, cohabitation and out-of-wedlock birth rates that often result in unstable and stressed families who are more susceptible to child abuse, neglect and abandonment. Many Florida citizens lack the skills necessary to initiate and maintain positive, supportive relationships. In addition, Florida has higher teen pregnancy, delinquency and high school drop-out rates than most other states. Children who lack a stable home environment are more likely to make poor decisions with respect to early relationships, premature sex, pregnancy or other behaviors that lead to delinquency or dropping out of school. Their poor choices keep these youth from growing and developing into productive adults. Youth who fail to finish their education face difficult life courses and limited opportunities. Positive prevention can assist at-risk youth, whom are well known by education and social service staff in any community, to break the cycle of child abuse, neglect, and abandonment in our communities by engaging them in life-long learning activities to build relationship skills. This prevention effort should begin with young children, especially those who may encounter poor relationship examples in their communities and homes.

Currently high school students are required to complete a half-credit-hour course on relationships skills. What can be learned is limited in that the course is also required to provide information on: consumer education, positive emotional development, marriage & relationship skill-based education, nutrition, prevention of HIV infection, AIDS or other sexually transmissible diseases, benefits of sexual abstinence and consequences of teenage pregnancy, information and instruction on breast cancer detection self-examination, cardiopulmonary resuscitation, drug education, and the hazards of smoking. Although well intended, to address all of these topics in a half-credit-hour course in high school is too little, too late. Such a course could only reinforce what students already know or need to learn at an awareness level.

To successfully build skills and patterns of appropriate behavior, education should start earlier, preferably in the elementary school, and provide more density of instruction. This has been recognized by the Department of Education (See Health Education and Physical Education Standard Number 3 for PreK-2, Health Education and Physical Education Standard Number 3 for Grades 3-5, and the Curriculum Framework for Course

0800030 – M/J Health 4 for grades 6-8.) These pave the way for course options that could be enhanced and pressed into service to meet the requirements should this recommendation be implemented.

**PROS:**

Prevention of bad relationships before they start can help youth avoid premature sex, out-of-wedlock births, violent or immature relationships which may hinder youth from finishing their education and limiting their economic opportunities in the future; thereby reducing the risk of child abuse, neglect and abandonment. At the college level, relationship education has proven to be popular at the universities offering the courses, particularly among women. Curricula are available K – 12 to teach relationship skills education and help students learn to resolve conflict without violence or damaging their relationships. The basic infrastructures for incorporating such curricula exist in the standards and frameworks for K – 12 in Florida.

**CONS:**

There are many worthy, competing subjects that could/should be taught in the elementary, middle and high schools. Adding the teaching of relationship skills education at earlier ages to an already full list of subject areas is a challenge.

**Fiscal Impact, if known:**

Local schools would have to purchase curriculum materials and certify or train staff to teach the course. There will also be costs to evaluate the program. If this policy is selected for further consideration, the commission would make its staff available to develop cost scenarios for use in decision making.

**Identify the Policy Option:****Category #1 – Establish a “What Works” Clearinghouse**

Develop a clearinghouse to make information on research, evidence-based programs, and promising practices for relationship skills education, parent education, marriage education and other programs that serve troubled or stressed families available to providers serving families and children so Florida can benefit from lessons learned and replicate successful models. The clearinghouse could include information on court-based and court-referred services for families, parent education models, and other social services including teen pregnancy prevention, after school programs, and marriage and relationship skills programs. This collaboration could also involve the faith-based community, researchers from Florida’s universities, statewide children and family organizations, and other research-based entities. Existing literature and publications from media outlets, community resource guides and schools or school-based organizations dealing with child development and family relationships could also be linked to the clearinghouse

**Name of Person and/or organization submitting the recommendation:**

Florida Commission on Marriage and Family Support Initiatives.

**Explanation of Present Situation:**

Families need alternative strategies for coping with stressful situations. Providers and policymakers in Florida and around the country claim they are often unable to access needed information on promising program practices from other providers or are unaware of their existence.

**PROS:**

Evidence-based promising practices and family-friendly services exist. To achieve economies of scale, these resources should be published in a central place where all providers can access information necessary to make referrals or replicate successful programs. Research entities such as the Ounce of Prevention Fund, Florida Cooperative Extension, and Healthy Families Florida can offer expertise on effective practices and the availability of parenting and relationship education services around the state. Program practices can be replicated if this information were more available and articulated on a Web site, through reports, and at meetings attended by many providers. Providers could also be trained to better evaluate their own programs and report on program outcomes.

**CONS:**

The largest challenge is developing the research capacity to properly research and evaluate the effectiveness of these programs and make updates on each of the programs listed in the service. This takes resources to conduct systemic reports, assessments, cataloging and dissemination of programs and practices.

**Fiscal Impact, if known:**

If this policy is selected for further consideration, the commission would make its staff available to develop cost scenarios for use in decision making.

**Identify the Policy Option:****Category #1 – Agencies That Serve Families Offer Information about Local Marriage/Relationship Assistance**

Require government funded or supported provider service networks that deal with couples or families (e.g. courts, social service agencies, 211 Network, Parent Helpline, community-based care providers) to be trained and equipped to disseminate (i.e., in writing and via the Web) information about premarital counseling, relationship skills education, marriage education and counseling, and parent education and counseling in their geographic areas.

**Name of Person and/or organization submitting the recommendation:**

Florida Commission on Marriage and Family Support Initiatives.

**Explanation of Present Situation:**

Florida has one of the highest divorce rates in the United States. In 2004 over 154,000 divorces occurred in Florida with slightly less than half of these involving children. Florida also has one of the highest out-of-wedlock birth rates in the country at 40 percent and research shows that children fare much better in two-parent versus one-parent households, especially when they are living with their biological parents. Government funded programs often come into contact with families well before they reach a crisis situation. If informed of the availability of marriage and relationship services, these service providers are in the unique position to provide referrals to community resources for marriage and relationship education and counseling to strengthen the family to reduce the potential for child abuse, neglect and abandonment.

**PROS:**

This policy recommendation would develop provider service networks and capacity to refer clients for marriage/relationship education or counseling. Combined with the 211 Network and the “What Works” Clearinghouse (See Policy Option #2), Florida would have vehicles necessary to provide valuable, evidence-based information to both families who need assistance when experiencing stressors that could lead to child abuse, neglect and abandonment and to providers who are seeking to meet the needs of these families.

In an attempt to provide more holistic services for families they serve, more providers are entering the marriage or parent education field to help their participants deal with issues that may be affecting their treatment elsewhere. Some examples are the following federal grant programs: City of Jacksonville/JAX Network for Strengthening Families; the Big Bend Community Based Care marriage education program in North Florida; the University of Central Florida; Children First, Inc. of Sarasota’s Family First.



**CONS:**

Providers must build capacity to offer these services and train their staff to be certified to teach the courses. Further, keeping this referral system information up-to-date requires significant and continuing workload.

**Fiscal Impact, if known:**

If this policy is selected for further consideration, the commission would make its staff available to develop cost scenarios for use in decision making.

**Identify the Policy Option:****Category #1 – Statewide Diffusion of the Front Porch Project**

Develop a cadre of Front Porch Project trainers in established networks that have local (county, district) networks (e.g. One Church One Child, School Advisory Councils, School Parent/Teacher Organizations, etc.).

**Name of Person and/or organization submitting the recommendation:**

Florida Commission on Marriage and Family Support Initiatives.

**Explanation of Present Situation:**

Florida has numerous public, private and non-profit agencies that assist families and children after crises have developed and children and families are already doing poorly. These services address issues such as anti-social behaviors, violence, juvenile delinquency, premature sex and unplanned pregnancies and programs that remedy mental health and substance abuse issues for children and adults. Florida children experience many of these negative risks at rates higher than children in most other states. Florida does not direct enough of its children and family resources toward the prevention of these maladies. Yet provider service networks exist that can collectively affect the culture and behavior of children and families in their respective regions. Community education through existing service agencies and community institutions can better prevent these conditions if the training resources can be mobilized to address these problems.

The Front Porch Project<sup>®</sup>, developed by the American Humane Association, is proven effective in child abuse prevention. The curriculum addresses volatile issues and conflict situations of families through intervention and positive parenting techniques. The 2-day training emphasizes intervention strategies, positive versus dangerous parenting techniques, roadblocks to successful interventions, dynamics of substance abuse and child maltreatment, culture and gender issues that interfere with successful intervention and how to enhance child resiliency. This approach attempts to utilize community culture and assets that would assist families while lowering their stress levels. Preventing violence and anti-social behaviors could reduce the need for deep-end treatment services. An additional 2 days provide for training trainers who in turn will be certified to provide Front Porch Project<sup>®</sup> training to the members of their networks.

**PROS:**

Assisting communities through their existing children and family institutions – including faith-based, community-based, schools, health care providers, children's services councils, and other non-profit organizations – can be done with appropriate training and certification utilizing proven curricula like the Front Porch Project<sup>®</sup>. Trainers can then train others in their networks to alleviate family stress and educate the public on how to distract or diffuse volatile situations in community settings.

**CONS:**

None.

**Fiscal Impact, if known:**

If this policy is selected for further consideration, the commission would make its staff available to develop cost scenarios for use in decision making.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

#1 Prevent families and communities from becoming at risk of abuse and neglect

Employees of our public school systems are entrusted with the health, safety and welfare of our children and as such families and members of our communities should be confident in their assurances that our children are not only safe at school, but are inherently protected from any abusive actions by an employee of a Florida public school. To ensure such safety, each school district should establish written procedures for the immediate reporting of suspected or known child abuse by an individual who is employed by or otherwise contracted by a public school. The procedures should compel a minimum set of delineated requirements and establish a protocol for the semi-annual reporting of raw number data to the Florida Department of Education, Bureau of Professional Practices Services. The procedures at a minimum should:

- Require the immediate notification to local law enforcement and the district school superintendent or designee acts of known or suspected abuse by a public school employee or individual otherwise contracted by a public school
- Establish a protocol with local law enforcement for reporting and investigation of cases of physical and/or sexual abuse by a public school employee
- Require a chain of custody for all physical evidence and detail procedures to ensure preservation of evidence related to such cases
- Establish protocol for the distribution of reporting procedures to all district staff
- Require training for all administrative staff in the proper procedures for the reporting of abuse by a public school employee
- Require training of all charter school and alternative school staff on procedures for reporting abuse by a public school employee
- Require that all district contracted Department of Juvenile Justice, charter and alternative schools follow the procedures for reporting abuse by a public school employee or individual otherwise contracted by a public school
- Require each public school district to annually file in writing with the Bureau of Professional Practices Services adopted procedures for the reporting of abuse by a school district employee
- Require each public school district to annually submit to the Florida Department of Education, a copy of the district's child abuse prevention and reporting training curriculum
- Require each public school district to semiannually submit to the Florida Department of Education, Bureau of Professional Practices Services the raw number of incidents of reported abuse by school district employees that were submitted to local law enforcement
- Require that each district provide various training opportunities for staff in the policy and procedures for reporting abuse by school district employees and in the prevention of child abuse

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Florida Department of Education

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

Section 39.01, Florida Statutes, currently defines “other persons responsible for a child’s welfare” as a child’s legal guardian, legal custodian, or foster parent, an employee of a private school, public or private child day care center, residential home, institution, facility or agency; or any other person legally responsible for the child’s welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child’s care.

Public school employees are excluded from the definition of “other persons responsible for a child’s welfare” and the related reporting and investigation by the Department of Children and Family Services. Public schools are required under Section 1012.796, Florida Statutes, to report within 30 days of knowledge all legally sufficient complaints against certified educators to the Florida Department of Education, Bureau of Professional Practices Services. Allegations reported to the DOE expand beyond allegations of abuse to incorporate allegations of ethical misconduct and other criminal offenses. Districts are required to develop policies and procedures to comply with the reporting requirements, including appropriate penalties for non-reporting. Each public school district is afforded the autonomy to establish procedures that work within the structure of their districts demographic and local government structure.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

This proposal modifies current reporting procedures and practices as it requires districts to establish and submit written policies and institute procedures to ensure that all staff is knowledgeable and informed on matters related to the immediate reporting of abuse by a school district employee or an employee otherwise contracted by a public school.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal). Please submit proposal even if the fiscal impact is unknown or not readily available.

Minimal impact expected related to data collection at the local and state level. Additional cost may be more applicable to the requirement for training opportunities.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

- #1 Prevent families and communities from becoming at risk of abuse and neglect
- #2 Focus on at-risk families before abuse and neglect have occurred
- #3 Help prevent the reoccurrence of abuse and neglect

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Sallie O'Hara - NE FL Exchange Club Child Abuse Prevention Center (dba First Coast Family Center)

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There is a need for amending authorizing statutes at the federal level (CAPTA and ASFA) to include the key principles by which systems are expected to operate. Specifically, to hold harmless primary prevention services from revenue blending. Concurrently, the funding streams to the state level need to be flexible enough to allow for strengthening the importance of these principles by setting clear expectations upon states to design their operations to ensure that practice is consistent with these approaches. In other words, place accountability on the provider utilizing prevention funds for the correct service array and population.

Current funding streams flowing from the federal level to the state level involve TANF funds for prevention services. These funds are subject to erratic cuts each budget cycle. For instance, in FY05-06 special actions were initiated by the Department of Children and Families to "Restore Nonrecurring Temporary Assistance for Needy Families Funding to Recurring" in the amount of \$51.8 million dollars. Many CBC Lead agencies depend on steady and continuous flows of TANF funds for secondary and tertiary prevention services. When cuts occur, primary prevention services are the first array of services to be sacrificed. Currently, the majority of child welfare funds and services flow through the CBC Lead Agencies under the funding auspices of the Department of Children and Families. The result is front line practice involving prevention services is obscured in funding mixes. More complex secondary and tertiary services (by virtue of court involvement) are deemed critical to retain by them.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

Federal earnings capacity through Title IV-E and TANF mechanisms is a good source of revenue for the state to increase capacity. CBC Lead Agencies across the state may be in favor of this; however, the continuous raising of the bar on earnings is an on-going challenge and subject to great fluctuation from the population served. Primary prevention advocates and service providers will support dedicated funding streams for

primary prevention. Members of Prevention Task Forces across the state may endorse this approach.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

CBC Lead agencies in the state may protest dedicated funding streams for pure prevention services arguing deeper end services consume inordinate amounts of dollars to treat children in the system. For instance, currently federal legislation is attempting to cut relative care giver subsidies.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

The federal level cuts to the foster care provisions are estimated to be approximately \$600 million in support for children. The federal cuts will result in state level cuts. By investing in Substance Abuse Prevention Services, cost savings are \$5.50 for each dollar invested; by investing in Early Childhood Care and Education cost savings are \$7.00 for every dollar invested; by investing in Vaccinating Children cost savings are \$16.00 for each dollar invested; and by investing in Long-term home visiting cost savings are \$3.00 for each dollar invested.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

- #1 Prevent families and communities from becoming at risk of abuse and neglect
- #2 Focus on at-risk families before abuse and neglect have occurred
- #3 Help prevent the reoccurrence of abuse and neglect

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Sallie O'Hara - NE FL Exchange Club Child Abuse Prevention Center (dba First Coast Family Center)

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There is a need at the State Level to expand the Neighborhood Partnerships for the Protection of Children from its now 11 sites around the state to one in every county. This is funded through Promoting Safe and Stable Families funds, general revenue and other sources. Since 2000, the Department of Children and Families has promoted this model as a successful evidenced-based front line practice program which demonstrates results in effective outcomes reducing child abuse and neglect.

As was the case with the 1997 amendments to the Individuals with Disabilities Act (IDEA), the state needs to provide a legislative and regulatory mandate that families and children be designated "essential team players" which will permit them to have the opportunity to contribute to their case plan. Current configurations of many practices transferred from the Department of Children and Families to CBC Lead Agencies do not include family engagement in case planning. The Neighborhood Partnership for the Protection of Children promotes "family team conferencing" which would accomplish this need. Additionally the model calls for community capacity building to generate local revenues for true community based services.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

The Department of Children and Families; Department of Health; Department of Juvenile Justice; Worksource and other state and local provider agencies would endorse this proposal. The model would serve to centralize service arrays at local levels to reverse the fragmentation created through the devolution of the DCF service array to the CBC Lead agencies.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

No known organizations opposing this model practice.



**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Cost savings demonstrated by averting families entering into the system are detailed below. The federal level cuts to the foster care provisions are estimated to be approximately \$600 million in support for children. The federal cuts will result in state level cuts. By investing in Substance Abuse Prevention Services cost savings is \$5.50 for each dollar invested; by investing in Early Childhood Care and Education cost savings are \$7.00 for every dollar invested; by investing in Vaccinating Children cost savings are \$16.00 for each dollar invested; and by investing in Long-term home visiting cost savings are \$3.00 for each dollar invested. The cost of servicing families through networked community based providers integrated through the Neighborhood Partnerships is under \$2000 per family per year compared to multiple thousands in traditional service approaches.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

#1 Prevent families and communities from becoming at risk of abuse and neglect

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Sallie O'Hara - NE FL Exchange Club Child Abuse Prevention Center (dba First Coast Family Center)

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There is a need at the State Level to expand the Healthy Families Florida Funding and Healthy Start Funding to increase primary prevention services for families before entry into the Child Welfare System.

Evidence based research demonstrates early intervention prenatal to term increases outcomes for children in normal or at-risk families. Additionally, supportive and nurturing parent education and in-home visitations also produce positive outcomes for enrolled families. Referrals to these programs far exceed capacity levels to serve target families. Increased funding will capture a greater portion of families and produce long term cost savings.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

The Department of Children and Families; Department of Health; Healthy Start Coalition, Department of Education, Department of Juvenile Justice; Worksource and other state and local provider agencies would endorse this proposal.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Some Medicaid and medical providers.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

Cost savings demonstrated by averting families entering into the system are detailed below. The federal level cuts to the foster care provisions are estimated to be approximately \$600 million in support for children. The federal cuts will result in state level cuts. By investing in Substance Abuse Prevention Services cost savings is \$5.50 for each dollar invested; by investing in Early Childhood Care and Education cost savings are \$7.00 for every dollar invested; by investing in Vaccinating Children cost savings are

\$16.00 for each dollar invested; and by investing in Long-term home visiting cost savings are \$3.00 for each dollar invested. Early health interventions and early prevention services will avert hospitalizations, chronic health costs, mental health costs, child welfare costs, law enforcement and judicial system costs in the long run.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

#2 Focus on at-risk families before abuse and neglect have occurred

#3 Help prevent the reoccurrence of abuse and neglect

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Sallie O'Hara - NE FL Exchange Club Child Abuse Prevention Center - (dba First Coast Family Center)

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There is a need at the Federal Level to expand the ability of states to claim federal IV-E funding for all of the child welfare training provided, without the provision requiring that costs be prorated based on the percentage of IV-E eligible children served. Also there is a need to authorize demonstration grants to support the addition of trained, full-time mentors who do not carry a caseload to coach and develop new staff in the fundamentals of practice. Raise IV-E or other funding statutes to permit states to utilize up to 25% of claiming for non-categorical flexible funding.

Practice change at front line levels needs intense changes to affect mind shifts toward prevention strategies. Current investigators and protective services staff working for lead agencies need intense training due to phenomenal turnover. Investigators detain children into the system and resultantly disrupt fragile, but normal families, in the process. Alternative funding for prevention supports is lacking. Consequently, inexperienced and untrained staff increase the problem with their traditional front-line practice. The current training array is fragmented and not standardized throughout the state. The proposal would permit the state to expand and improve the quality of training, including extending training on new practice to the entire work force, not just newly hired entry level staff. It will also provide the resources to make training intense enough to address the skill development required.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

The Department of Children and Families and CBC Lead Agencies would endorse this proposal.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Competitive procurement of training services. University Systems and some private training providers.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal). Please submit proposal even if the fiscal impact is unknown or not readily available.

Cost savings demonstrated by averting families entering into the system are detailed below. The federal level cuts to the foster care provisions are estimated to be approximately \$600 million in support for children. The federal cuts will result in state level cuts. By investing in Substance Abuse Prevention Services cost savings is \$5.50 for each dollar invested; by investing in Early Childhood Care and Education cost savings are \$7.00 for every dollar invested; by investing in Vaccinating Children cost savings are \$16.00 for each dollar invested; and by investing in Long-term home visiting cost savings are \$3.00 for each dollar invested.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

- #1 Prevent families and communities from becoming at risk of abuse and neglect
- #2 Focus on at-risk families before abuse and neglect have occurred
- #3 Help prevent the reoccurrence of abuse and neglect

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Sallie O'Hara – NE FL Exchange Club Child Abuse Prevention Center (dba First Coast Family Center)

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

There is a need at the State Level to clearly define Baker Act requirements as they relate to Children's Receiving and Crisis Stabilization Units

There is an increasing number of children who experience involuntary psychiatric evaluations, which may result in the child being admitted for mental health crisis treatment. The Special Report of Reported Baker Act Examinations Statewide, March 2004) indicates that during fiscal year 2000-2001 approximately 8,000 children were evaluated, but by fiscal year 2002-2003, this number had increased to over 11,500 children. Concerns exist over the increasing utilization of children's crisis services. Educators in local communities and in Juvenile Detention Centers are concerned children use the system as a ploy to escape parental authority or legal authority. The provisions applicable to CCSU's are located in various sections of ch. 394, F.S., and ch 39, F.S. The requirements for children are frequently intermingled with those for adults, and there are no rules that provide clarification of these provisions.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

All parties would benefit from clear language on child provisions in the law. The Department of Children and Families and CBC Lead Agencies would endorse this proposal along with the Department of Educations, Department of Juvenile Justice and provider agencies and hospitals.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

Mental Health Providers and Medicaid funded facilities may oppose regulatory controls for fiscal reasons.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal.

Cost savings demonstrated by averting families entering into the system are detailed below. The federal level cuts to the foster care provisions are estimated to be approximately \$600 million in support for children. The federal cuts will result in state level cuts. By investing in Substance Abuse Prevention Services cost savings is \$5.50 for each dollar invested; by investing in Early Childhood Care and Education cost savings are \$7.00 for every dollar invested; by investing in Vaccinating Children cost savings are \$16.00 for each dollar invested; and by investing in Long-term home visiting cost savings are \$3.00 for each dollar invested.

**Policy Option/Recommendation:  
Category #2**

Statistics consistently show that a majority of parents who abuse their children were abused themselves. Foster children and young adults come from abusive and/or neglectful homes. By further addressing the needs of young adults in foster care and young adults who age out of foster care we can help prevent the occurrence of abuse and neglect of their children.

**Proposal from:**

Representative Rich Glorioso, District 62

**Proposal & Explanation:**

This proposal addresses young adults in foster care between the ages of 16-18 and also young adults 18-23 who turn 18 while in foster care.

Fully Implement the Education and Training Voucher (ETV) program, which allows for federal funds to be provided to young adults who turn 18 while in foster care and are enrolled in school.

- Remove all references to scholarship and all referrals to Department of Education for inclusion in the student financial assistance data base This will ensure that voucher funds do not count against these young adults when applying for other financial aid per 42 USC Sec. 677 (i).

Require young adults to create and implement a transition plan with their community based care provider to receive Educational and Training Voucher funds, transitional or aftercare funds.

- This transition plan will be mutually agreed to and will focus on the educational, vocational or military service goals of each young adult. If the community based care provider and/or the Department of Children and Families (DCF) cannot come to agreement regarding any part of the plan with the young adult then the young adult may access an appeals process to its full extent to resolve the disagreement. The young adult and community based care provider will each be held accountable through the transition plan.

Allow community based care lead agencies to purchase housing, transportation, and/or employment services. This may be done to ensure such services are available and affordable for young adults with transition plans. A young adult may chose to utilize these services in lieu of receiving voucher, transitional or aftercare funds for identical service.



- Prior to purchasing such service the community based care lead agency must have a plan describing the services to be purchased, and the rationale for doing so approved by DCF. This plan must include a description of the movement of the young adults utilizing these services into independence and a time frame for achievement of such. Eligible young adults who demonstrate an ability to obtain these services independently and prefer a direct payment shall receive such.

Require DCF to contract out the state management and coordination of the Independent Living programs. The contracted entity will have the expertise, resources and focus to assure these young adults, age 16-23, are prepared to move to independence through appropriate training, have access to normal activities for teens, and assure the funding is utilized efficiently and effectively. This program would be separate to assure the unique services and procedures, for this population, are properly addressed.

Combine the Independent Living Service Central Office budget line with the Independent Living Advisory Council to fund both with the existing budget line.

- The Advisory Council has specific legislated performance requirements such as an annual report, research and other studies in addition to travel and meeting costs for the young adults and professionals who are Advisory Council members.

Extend Medicaid eligibility for Young Adults receiving ETV, transition or aftercare through age 21.

Require the Department of Children and family to notify the Agency for Health Care Administration (AHCA) within 10 days when it opens a case for child welfare services in the HomeSafeNet system for a Medicaid recipient. If that Medicaid recipient is a member of a Medicaid prepaid health plan AHCA shall notify the prepaid health plan within 10 days.

Make unlimited the number of student fee exemptions community colleges can grant to ETV, transition or aftercare young adults which has a current limit to 40.

#### **Organizations in Favor:**

Connected By 25, Eckerd Family Foundation, Independent Living Advisory Council.

**Identify Policy Option  
Category #2**

The Children's Home Society believes that the Healthy Families program is the most effective model focusing on at-risk families before abuse and neglect have occurred. Administered by Ounce of Prevention, the Healthy Families program has a proven research-based success rate. This program has been extensively researched and is supported through an already existing and effective administrative structure.

**Our Recommendations:**

1. An increase in the base funding level of the Healthy Family's program is much needed and long overdue. In order to reduce child abuse and neglect in Florida, we must strengthen this program. The program has not had an inflation based increase in funding which is leading to an increase in turnover and is diminishing program effectiveness due to employee compensation and the number of miles traveled visiting clients.
2. The Healthy Families program would benefit from the addition of a mental health counselor position to address the significant mental health issues of target families.
3. Expand the availability of Healthy Families to additional areas of Florida based on the current formula, which addresses high risk factors, by zip codes throughout the state.

Based on a proven track record, the expansion of the Healthy Families model will result in a reduction of at-risk children and families engaged in the child protection system.

### Identify Policy Option Category #3

There is evidence that the single most significant factor in achieving permanency and safety for children and preventing the recurrence of abuse and neglect is the stability of the family's dependency case manager. A recent study titled "Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff" (Flower, C., McDonald, J. & Sumski, M. 2005), found that turnover in dependency case manager positions had a dramatically harmful effect on achieving permanency of for at-risk children. Those children who had a single case manager for twelve months achieved permanency at a rate of 74.5%. When a child had two case managers in a twelve-month period, the success rate fell to 17.5%. For those children with three or more case managers in that same time frame, the success rate dropped to 5.2% or less.

The turnover rate of dependency case managers is extremely high in Florida. The cost is high in terms of damage to our at-risk children and for ongoing services due to an inability to resolve cases. Two years ago, salaries of dependency case managers were increased to come close to the national average salary in the field. While those salary increases were very helpful, at least three job-related issues remain that significantly contribute to turnover resulting in keeping at-risk children in the system for much longer periods of time.

**1) *Massive amounts of paperwork, data entry, and reporting requirements***

Over the years, more and more requirements have been added to the duties of case managers with the intent of increasing accountability and ensuring the safety of children. The cumulative impact, however, has not achieved intended results. Case managers frequently cite the long hours required by the massive amounts of data management as a fundamental reason for leaving the field. "I came to the job to help people but spend most of my time filing our forms and entering information into the computer" is a common lament.

**2) *Lack of relevant and ongoing training***

Dependency case managers feel they are not prepared for assuming their jobs and are not provided with enough on-going training to stay abreast of ever-changing requirements.

**3) *Rising cost of gasoline and low rate of reimbursement for travel***

The current reimbursement rate for travel is set at \$.29 per mile. This work requires constant travel and the rates of reimbursement have not kept pace with the actual costs of travel.

**Our Recommendations:**

**A comprehensive review of the current Dependency Case Management monitoring system to result in:**

- a manageable number of critical objectives which remain constant over time
- better evaluation of programs
- more face-to-face time with clients
- a strengthening in training efforts leading to certification including best practice
- resource updates on an on-going basis
- an increase in the state mileage rate to a minimum of \$.40 per mile.

We believe that substantially addressing these measures will result in much lower turnover amongst dependency case managers ultimately leading to significantly better results in gaining permanency for at-risk children and families.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

Increase Early Education and Care for at-risk children

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Gaetana Ebbola, CEO  
Children's Services Council of Palm Beach County

Ted Simpkins, District 9 Administrator  
Department of Children and Families

John McCarthy, Executive Director  
Child and Family Connections of Palm Beach County

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

Frontline workers have identified lack of early care as a significant reason for entry into the child welfare system. Also, the state has experienced significant growth in population including low income families.

Currently 3,162 children ages birth to five are waiting for child care in Palm Beach County, and approximately 48,371 are waiting for child care across the state. In order to be eligible, they must be working poor (below 150% of the poverty level), in families receiving temporary assistance for needy families, or under the supervision of the Department of Children and Families.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

There is significant research that supports that quality early education and care can prepare children for school, ameliorate problems, keep kids safe from abuse and neglect and provide long term benefits for the child, their family, and the community. Research indicates that quality is instrumental in assisting children overcome barriers to learning, especially for children from low-income and poor families.

Specific research findings demonstrate significant results when children who participate in these programs are compared to those who do not participate. For example, children that attend preschool or other early educational programs display gains in cognitive development, creativity, educational outcomes, social adjustment and behavioral control, have more enthusiasm for school, get along better with peers, have fewer health problems, have an easier transition to grade school, are less likely to engage in criminal activity and have increased economic self-sufficiency.

Research also shows that the parents of children that attend also have positive outcomes, including fewer additional births, better overall nutrition, lower rates of substance use, lower rates of abuse and neglect of children, lower rates of criminal behavior, higher graduation rates, higher educational attainment levels, higher rates of employment and higher incomes, and reduced rates of needing temporary assistance.

One study conducted by the Economic Policy Institute found that, if all three and four year olds who live in poverty were provided quality early care and education, there would be substantial payoffs.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

We are not aware of organizations who would challenge this proposal.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

The cost to serve a 2-year-old child in subsidized care is \$6,000 annually. If state funds were targeted to the child care partnership pool, it would leverage a \$1.00 in local funds for every state dollar, doubling the number of children served.

**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

High/Scope Perry Preschool program

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Gaetana Ebbole, CEO  
Children's Services Council of Palm Beach County

Ted Simpkins, District 9 Administrator  
Department of Children and Families

John McCarthy, Executive Director  
Child and Family Connections of Palm Beach County

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

Certain communities have high concentrations of low socioeconomic families with children (ages 3 and 4) who do not have the basic skills necessary to enter school ready to learn.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

Extensive research has demonstrated that the High/Scope Perry Preschool model, a high quality early care and education program, can have immediate and long-term impacts for children, families, and society. This model is based on a sound theoretical foundation that quality early education programs for impoverished children impacts their intellectual, cognitive, and social development. This program has also been replicated and is based on more than 40 years of scientific research, which adds support to its documented success.

The High/Scope Perry Preschool program has been studied and rated by many recognized organizations, each finding it to be effective, promising, model, or exemplary. A few examples of these rating organizations include the American Youth Policy Forum, Blueprints for Violence Prevention; the Center for Substance Abuse Prevention; Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; Communities That Care-Developmental Research and Programs; and Adults and Children Together (ACT) Against Violence. It has also received the Lela Rowland Prevention Award by the National Mental Health Association.

In addition, this program has demonstrated that children that participate show positive intermediate outcomes that include a reduction in misconduct as adolescents, decreases in school dropouts and increases in graduation rates, higher literacy rates, greater

commitment and attitudes toward school, and fewer numbers of pregnancies and births to unmarried mothers. Over time (up to 40 years post-participation), evaluations have also shown that these children have greater achievements in adulthood. For example, as adults, they have greater financial stability including home ownership, employment, significant increases in monthly income, and lower rates of welfare utilization. These adults also have a reduced numbers of lifetime adult arrests involving drugs and reduced habitual criminality. In one study that conducted a cost-benefit analysis (40 years after participation), data indicated a return to society of more than \$17 for every tax dollar invested in the High/Scope Perry Preschool program, \$11 of which is crime costs.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

We are not aware of organizations who would challenge this proposal.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

The estimated cost per participant in 2001 was \$14,716. The benefits were calculated at \$105,324 resulting in a benefit-cost ratio of \$7.16-to-1 for every dollar originally invested by the time the participant is 27 years of age.

A demonstration program for young children targeted to geographic areas with high numbers of low income, high-risk families could prevent a number of poor outcomes for children at-risk of entering the child welfare system. The state should require a dollar for dollar local match as a condition of eligibility to apply and to receive funding.



**Identify the Policy Option/Recommendation:** (Provide a brief description of the option and category number).

Nurse-Family Partnership (NFP) (Formerly Prenatal and Infancy Home Visitation by Nurses)

**Name of person and/or organization submitting the recommendation:** (This information will be made available to the members and the public).

Gaetana Ebbola, CEO  
Children's Services Council of Palm Beach County

Ted Simpkins, District 9 Administrator  
Department of Children and Families

John McCarthy, Executive Director  
Child and Family Connections of Palm Beach County

**Explanation of Present Situation:** (Describe issues surrounding the policy option and facts necessary to understand the purpose).

First-time, low income, at-risk mothers often need support, training and education regarding the importance of healthy behaviors and compliance with treatment during pregnancy. Parental substance use and other risk-taking behaviors have been identified as a major reason that children enter the child welfare system. In addition, information regarding the provision of care for the child and understanding developmental stages and emotional/cognitive development will improve the child's health and development throughout their childhood, ultimately leading to long-term success.

**PROS:** (What arguments are in support of this proposal?) Include the names of organizations.

The NFP model is based on strong theoretical underpinnings. It has been extensively researched and has been rated by numerous agencies-each finding it to be either an effective, model, or exemplary program. Some of the endorsing agencies include, Blueprints for Violence Prevention; Center for Substance Abuse Prevention; Communities That Care-Developmental Research and Programs; Strengthening America's Families; Fight Crime: Invest in Kids; The Coalition for Evidence-Based Policy; Washington State Institute for Public Policy; Office of Juvenile Justice and Delinquency Prevention; and President's New Freedom Commission on Mental Health.

Experimental research, using control groups indicated that first-time, low income, at-risk mothers that participated in the program had much better outcomes in contrast to those in the control group. First, the initial outcome included: overall improved maternal health as evidenced by fewer hypertensive disorders during pregnancy, obtaining adequate prenatal care from physicians, improved diet, and reduced use of cigarettes, alcohol, and

illegal drugs. The intermediate outcomes included improved birth outcomes as measured by a reduction in low birthweight and preterm deliveries, and a decrease in neurodevelopmental impairment. Longer-term outcomes for the at-risk mother included fewer subsequent births, when the mother did have additional births there was an average of over two years between these births, a decrease in maternal behavioral problems due to substance use, a reduction in school drop-out rates, unemployment, use of welfare and food stamps, and fewer arrests. For the child, there were reduced rates of childhood injury, abuse, and neglect. Lastly, a longitudinal research study (15-year follow-up) showed that the high-risk 15 year-old adolescents had fewer sexual partners, were less involved in cigarette smoking and alcohol use, and had fewer arrests and convictions than the children that were not exposed to a visiting nurse.

**CONS:** (What would be challenges to this proposal?) Include the names of organizations.

We are not aware of organizations who would challenge this proposal.

**Fiscal Impact, if known:** (Please provide an estimate of the cost to the state, local government, and/or private sector to implement the proposal).

The minimum number of staff needed for implementation of the program at approved sites is four nurses and one supervisor serving 100 families. The cost is approximately \$9,118 per family per year. According to the Washington State Institute for Public Policy, this program has a net benefit of \$17,180 per participant or a benefit-cost ratio of \$2.88-to-1 for every dollar invested.